ALLOCATION BY  CLASS TITLE OF POSITION  CLASS Service Series Oracle  NITITALS  DATE  CLASS Service Series Oracle  NITITALS  DATE  A. Civil Service Commission  D. Department, agency, or establishment  2. Bureau  1. Field office  3. Recommended by initiating office  3. Recommended by initiating office  3. Recommended by initiating office  3. Third subdivision  10. Name of employee (If secure, specify V-1, 2, 3, or 4)  Constant and accurate description of the duties and responsibilities of a position  12. This is a complete and accurate description of the duties and responsibilities of my position  (Signature of employee)  (Bate)  (Signature)  (Date)  (Date)  (Date)  (Date)  (Date)	UNITED STATES CIVIL SERVICE COMMISSION  POSITION DESCRIPTION  3. Reason for submission: (a) If this position, identify such position by tittle allocation to get the allocation (service, series, grade), and position by tittle allocation (service, series, grade), and position by tittle allocation (service, series, grade), and position by the different position of the duties and position on the service Commission  CLASSIFICATION ACTION  ALLOCATION BY  CLASS TITLE OF POSITION  CLASS TITLE OF POS	— Approved For-	Release 20	<del>)01/03/04 :</del>	CIA-RDP	<del>80-0</del> 12 <del>40</del> A	00020	0020	007-2	
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ALOCATION BY  CLASS TITLE OF POSITION  Service Series Grade  NITIALS  DATE  NOTITALE  DATE  A. Civil Service Commission  D. Department, agency, or establishment  2. Bureau  3. Field office  B. Recommended by initiating office  9. Organizational title of position (if any)  10. Name of employee (if excancy, specify V-1, 2, 3, or 4)  Contact the subdivision  11. Department, agency, or establishment  2. First subdivision  3. First subdivision  4. First subdivision  5. Second subdivision  12. This is a complete and accurate description of the duties and responsibilities of my position  (Signature of employee)  (Date)  (Signature)  (Date)  Title  (Signature)  (Date)  (Date)  (Date)  (Date)	ALOCATION BY  CLASS TITLE OF POSITION  Service Series Grade  NITIALS  DATE  NOTITALE  DATE  A. Civil Service Commission  D. Department, agency, or establishment  2. Bureau  3. Field office  B. Recommended by initiating office  9. Organizational title of position (if any)  10. Name of employee (if excancy, specify V-1, 2, 3, or 4)  Contact the subdivision  11. Department, agency, or establishment  2. First subdivision  3. First subdivision  4. First subdivision  5. Second subdivision  12. This is a complete and accurate description of the duties and responsibilities of my position  (Signature of employee)  (Date)  (Signature)  (Date)  Title  (Signature)  (Date)  (Date)  (Date)  (Date)		The manifest (	F-116 1 1	7 / / /	- C 0 - 4	CLASS	SK /	<u> </u>	1
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